

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/561987

FILING DATE

12.22.05

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5		3				
6		3				
7	1		1			
8						
9						
10						
11		2				
12		2				
13		2				
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18						
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22		3				
23		3				
24		3				
25		3				
26		3				
27		3				
28	1		1			
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30						
31		3				
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49						
50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	33	←		←
TOTAL CLAIMS			38			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						